

Appeal Request Form Instructions

CREDIT SCREENING

The student eligibility is determined as per Chapter 3 (Student Eligibility) of the 2018/2019 StudentAid BC Policy Manual, located here: https://studentaidbc.ca/sites/all/files/school-officials/policy_manual.pdf.

APPEAL CRITERIA

A student can appeal the credit screening results if one or more of the following circumstances impacted their credit history:

- medical illness or injury impacting their employment income;
- layoff, strike, lockout, or other reduction in earnings beyond their control;
- family emergency (e.g., death, injury, etc.) or natural disaster that impacted their ability to earn an income; or
- other extraordinary circumstances.

REQUIRED DOCUMENTATION

You must provide the following:

- a letter from you explaining the circumstances that resulted in a poor credit history, the date your financial difficulties began, and what other financial options you have investigated to finance your post-secondary studies.
- applicable documents such as:
 - a copy of your divorce papers/separation agreement;
 - a copy of your bankruptcy discharge papers;
 - receipts for any exceptional expenses that led to your financial difficulties;
 - medical documentation showing you can no longer be employed in your current occupation;
 - proof of the amount of disability benefits you are receiving;
 - copy of your layoff letter; and
 - copy of a financial report from a credit agency, obtained within the past 60 days.

StudentAid BC cannot guarantee a final decision before your study period ends if all required documentation is not submitted by the appropriate deadline.

DEADLINE: SIX WEEKS BEFORE STUDY PERIOD ENDS

For detailed instructions and potential outcomes from the appeal visit the [StudentAid BC website](#)

Submit completed form to your StudentAid BC online dashboard

Appeal Request Form

CREDIT SCREENING

SECTION 1 – STUDENT INFORMATION

ALL QUESTIONS MUST BE ANSWERED IN INK.

(01) SOCIAL INSURANCE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(02) STUDENT'S LAST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(03) STUDENT'S FIRST NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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MIDDLE INITIAL

MINISTRY DATE STAMP

(04) APPLICATION NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 2 – MONTHLY EXPENSES

MORTGAGE/RENT \$.00

HYDRO \$.00

SECOND MORTGAGE \$.00

PHONE \$.00

FOOD \$.00

CABLE \$.00

CLOTHING \$.00

WATER \$.00

MEDICAL \$.00

HEAT \$.00

DENTAL \$.00

VEHICLE PAYMENT 1 \$.00

OTHER* \$.00

VEHICLE PAYMENT 2 \$.00

*itemize other expenses and costs below:

TOTAL INSURANCE \$.00

TOTAL GAS \$.00

TOTAL VEHICLE UPKEEP \$.00

SECTION 3 – TOTALS

TOTAL MONTHLY EXPENSES \$.00

TOTAL MONTHLY NET INCOME \$.00

**ALL INFORMATION IS SUBJECT TO AUDIT
AND COULD RESULT IN AN OVERAWARD
IF INFORMATION IS MISREPORTED**

SECTION 4 – DECLARATION

By submitting this request for an appeal, I understand that:

- 1) All terms agreed to on my application will remain in force.
- 2) StudentAid BC may consider information from prior applications in my appeal request.

I certify that information provided with this request is accurate and correct.

X	SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED
	SIGN HERE	PRINT HERE	YYYY / MM / DD

Collection and use of information: The information included in this form and authorized above is collected under Sections 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*, and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Director, StudentAid BC, Ministry of Advanced Education, Skills & Training, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or (250)-387-6100 from outside North America.

